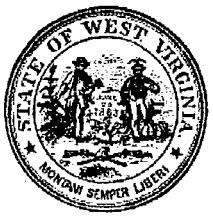
Tucker County Community Corrections

(Tucker Day Report)

Dustin Luzier, *Director*
Amy Cummings, *Behavioral Health Director*
213 First Street, Parsons, WV 26287
Phone: 304-478-2833
Fax: 304-478-4473



Alexis Baker, *Project Coordinator*
Teresa Kincaid, *Registered Nurse*
Brittany Mitchell, *Peer Recovery Coach*
Jessica James, *Peer Recovery Coach*
Travis Barnhouse, *Officer*
Dominique Meadows, *Case Manager*

Individual Being Referred: *(print name)* _____
Last

_____ _____ **DOB:** _____
First **M.I.**

- ❑ 12-Step
- ❑ Addictive Behavior Awareness
- ❑ Anger Management
- ❑ BIPPS
- ❑ DMV DUI Class
- ❑ Drug Screening
- ❑ EMDR
- ❑ A New Direction – Hazelden Curriculum

To include the following lessons:

- Introduction
- Criminal & Addictive Thinking
- Drug & Alcohol Education
- Socialization
- Co-occurring Disorders
- Relapse Prevention
- Release & Reintegration

- ❑ Individual Counseling
- ❑ Comprehensive Intake to determine recommended services
- ❑ Life's Healing Choices
- ❑ Life Skills
- ❑ Medication-Assisted Treatment (MAT)
- ❑ Men's Trauma
- ❑ Money Management
- ❑ NADA
- ❑ Parenting
- ❑ Peer Recovery Services
- ❑ Peer Support Group
- ❑ Psychological Evaluation Referral
- ❑ Psychiatric Evaluation
- ❑ Smart Recovery
- ❑ Education Assistance/ GED
- ❑ Women's Trauma
- ❑ Other: _____
- ❑ Inpatient Rehab/Detox (28 days)
- ❑ Long Term Rehab/Sober Living- _____ Days/Months

Date of Last Use/ # of Failed Drugs Screens: *(if applicable)*: _____

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Individual's Contact Information:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Person Making Referral: *(Print Name)* _____

Relationship to Individual *(Check appropriate box)*

- ❑ Circuit Court
- ❑ Department of Corrections – Parole
- ❑ Defense Attorney
- ❑ Magistrate Court
- ❑ Other: _____
- ❑ Mental/Behavioral Health Care Provider
- ❑ Pretrial Release
- ❑ Probation
- ❑ Prosecuting Attorney

Referral Date: _____ **County:** _____

Case Number: _____ **DOC/CCIS#:** _____

Crime Charged: _____

Period of Sentence: _____

Please check if individual has the following: ❑ Violent Offenses ❑ Sexual Offenses

Additional Information: _____

_____

_____